MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4							54						
5							55						
6							56						
7							57						
8	1						58						
9							59						
10							60						
11	1						61						
12		1					62						
13		1					63						
14	1						64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23	1						73						
24							74						
25							75						
26							76						
27							77						
28							78						
29	1						79						
30		1					80						
31							81						
32							82						
33							83						
34	1						84						
35							85						
36							86						
37							87						
38	1						88						
39							89						
40							90						
41							91						
42							92						
43							93						
44	1						94						
45		1					95						
46		1					96						
47		1					97						
48							98						
49							99						
50							100						
TOTAL IND.	9	⬇		⬇		⬇	TOTAL IND.		⬇		⬇		⬇
TOTAL DEP.	38						TOTAL DEP.						
TOTAL CLAIMS	47						TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS